

Name
in
Full

Charles W. Atchison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berry</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>—</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Charles County</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William Henry Atchison</i>			Father's Birthplace <i>Charles</i>		
Mother's Maiden Name <i>Lizzie Pickeral</i>			Mother's Birthplace <i>Charles</i>		
Name of person giving information <i>W. L. Atchison</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Short while</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. O. Morrow</i>	
		Address <i>Waldorf</i>	
Accident or Suicide? <i>—</i>		<i>Good</i>	



Name
in
Full

Winnie Blair

CERTIFICATE OF DEATH

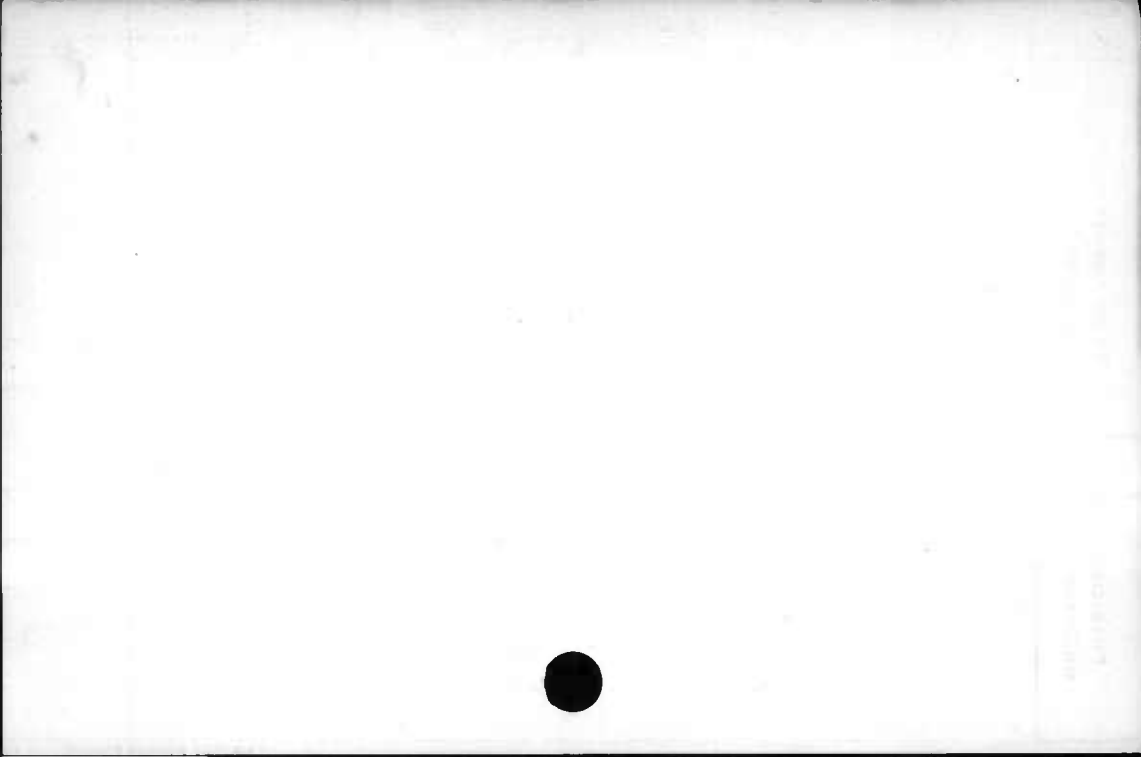
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dean Waldorf</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>85</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Charles Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Dom</i>		
Name of Wife or Husband					
Father's Name <i>James Blair</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John King</i>			How related to deceased <i>Dom</i>		

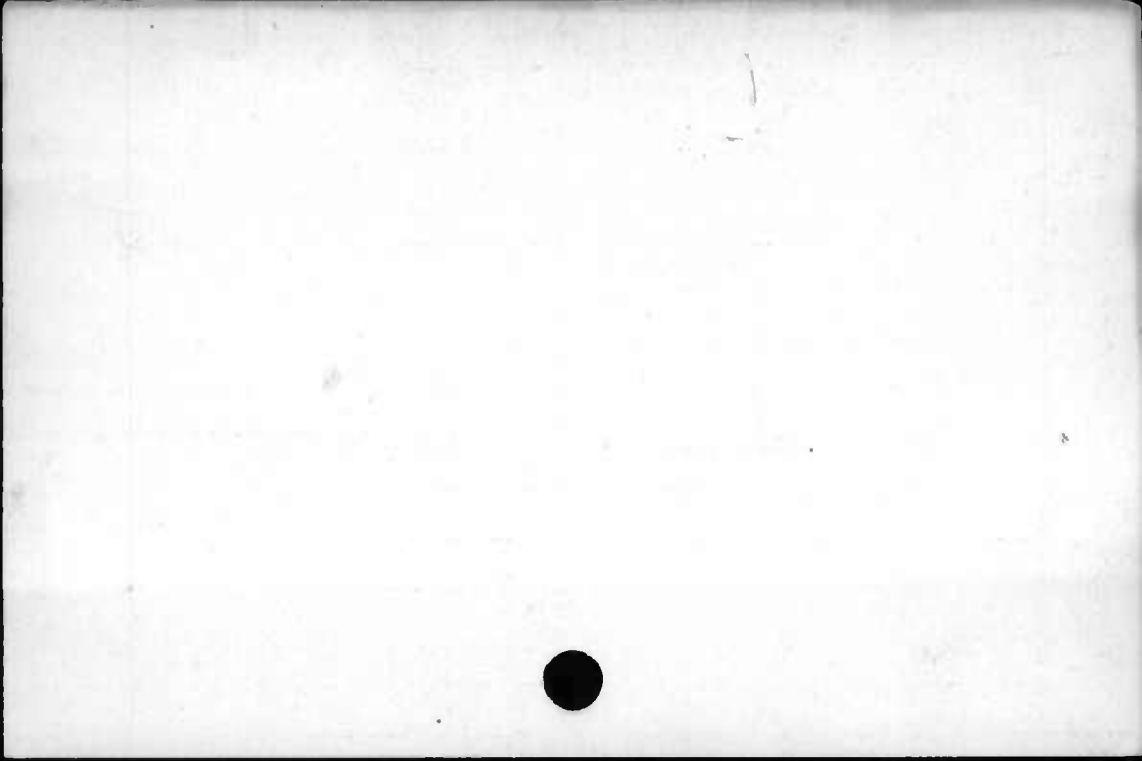
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>Two weeks</i>
Immediate <i>Pneumonia</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Monroe</i>
	Address <i>Waldorf, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Raman Carter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	River Sides		Charles		MARYLAND	
	Date of death	1906	Month Feb	Day 15	Age 27	Months 1	Days 15
	Sex	Male		Color or Race	Black		Birthplace
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name	Dell Carter				Mother's Birthplace	
	Name of person giving information	Wesley Carter				How related to deceased	
							grand Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	deformed				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
	Accident or Suicide?					Address	
					None attendance		
				James M. Wheeler			
				Sub Registrar			



Name
In
Full

Mr. Allen Zanne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Newburg</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month <i>January</i>	Day <i>14</i>	Age <i>45</i>	Months	Days	
Sex		Color or Race	<i>Colored</i>			Birth- place	<i>Charles</i>
Occupation	<i>House maker</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband <i>Tom Zanne</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation	<i>Tom Zanne</i>					How related to deceased	

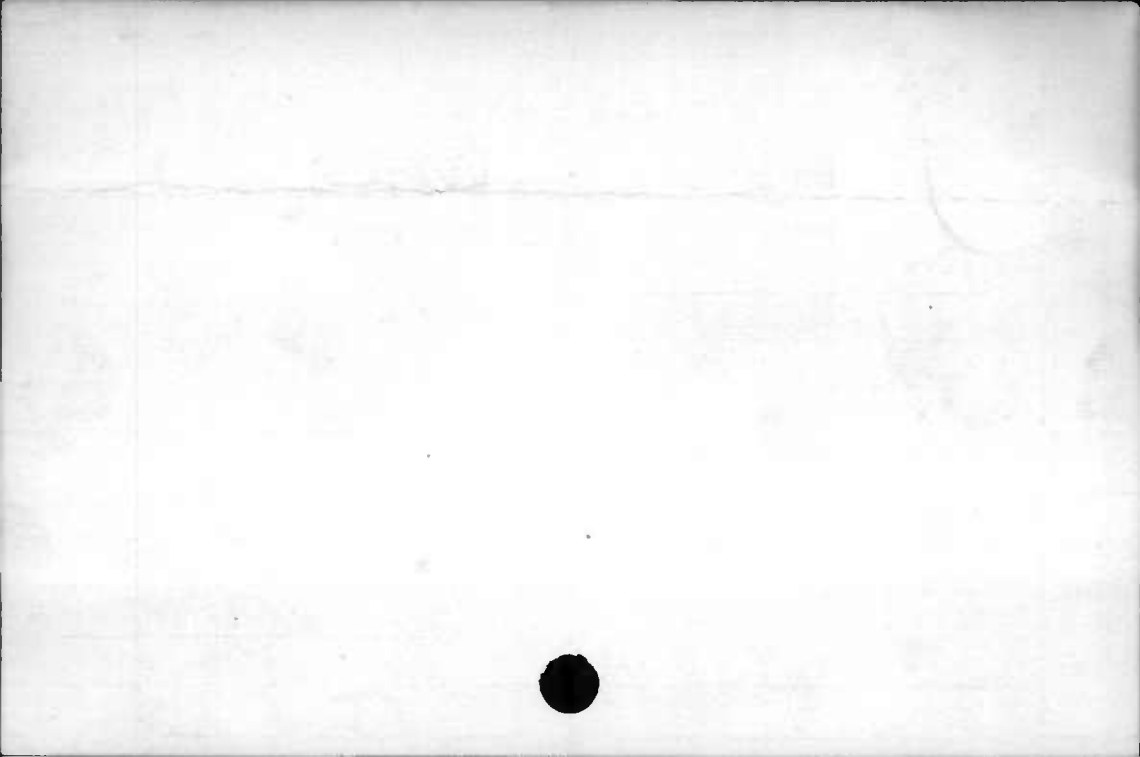
CAUSES OF DEATH

PHYSICIAN
OR CORONER

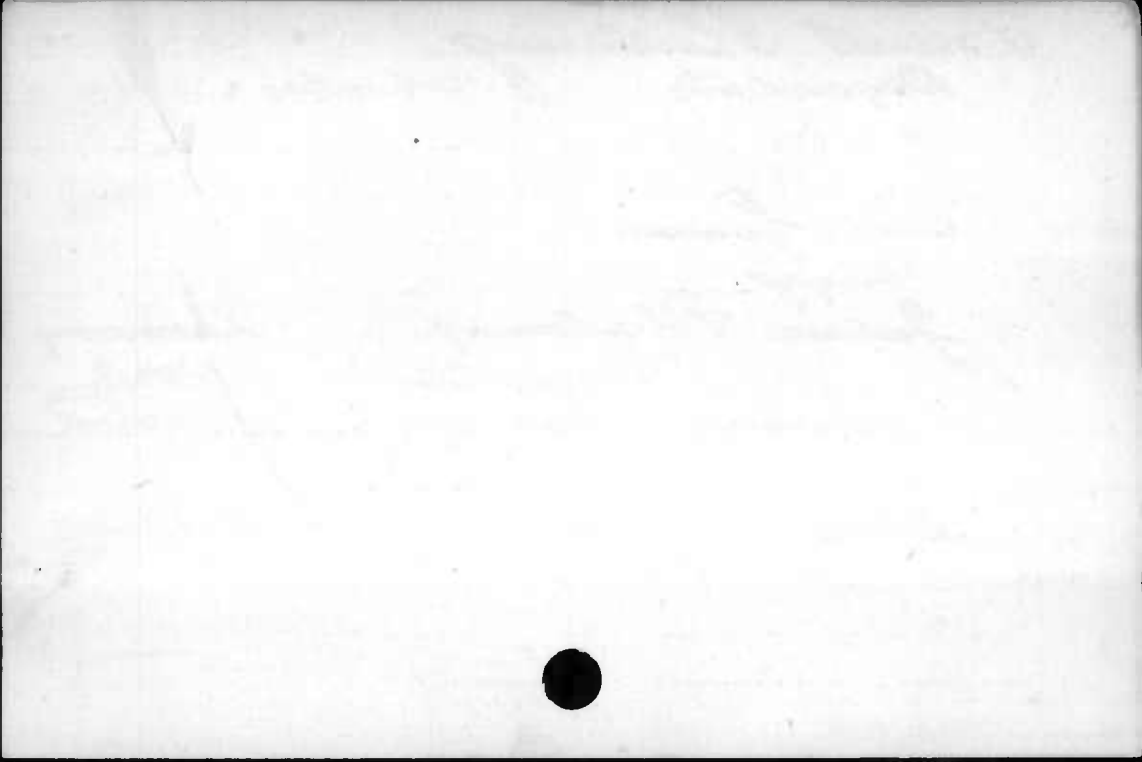
Primary	<i>Heart Trouble</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William R Clark</i>		
	Address <i>Newburg</i>		
Accident or Suicide?			



Name in Full		John William Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marshall Hall		County Charles		MARYLAND
	Date of death	1906	Month	2	Day	1	Age
			Years		-		Months
					3		Days
					-		
	Sex	Male		Color or Race	Colored		Birth-place
					Charles Ed		
Occupation		-		Where Residing if not at place of death			
		-		-			
Married, Single or Widowed		-		Name of Wife or Husband			
		-		-			
Father's Name		William Cornelius Cooke				Father's Birthplace	
						Charles Ed	
Mother's Maiden Name		Sarah Wingfield				Mother's Birthplace	
						" " "	
Name of person giving information		Sarah Cook				How related to deceased	
						Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia				How long
							10 days
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				Harry Kelley M.D.			
				Address			
				Brookside Ave.			
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>hanfanooy</i> <small>Town</small>		<i>Craig (Mm)</i> <small>County</small>		MARYLAND
	Date of death 1906	Month <i>Feb</i>	Day <i>28</i>	Age	Years Months Days
	Sex	Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Alexander Craig</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Susan Small</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Stiff Bron</i>		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None attendance</i>		
			Address <i>James M. Wheeler</i>		
	Accident or Suicide?		<i>Pub Reg</i>		



Name
in
Full

Frederick Fladenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pryorstown</i>		County <i>Cherokee</i>		MARYLAND	
Date of death	1906	Month	<i>Feb</i>	Day	<i>27</i>
Age		Years		Months	Days
		<i>24</i>		<i>—</i>	<i>—</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>clerk & farmer</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Julius Fladenburg</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Mary Carroll</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Julius Fladenburg</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>3 years</i>
Immediate	<i>exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>L. C. Carver M.D.</i>	
		Address	
		<i>Pryorstown</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

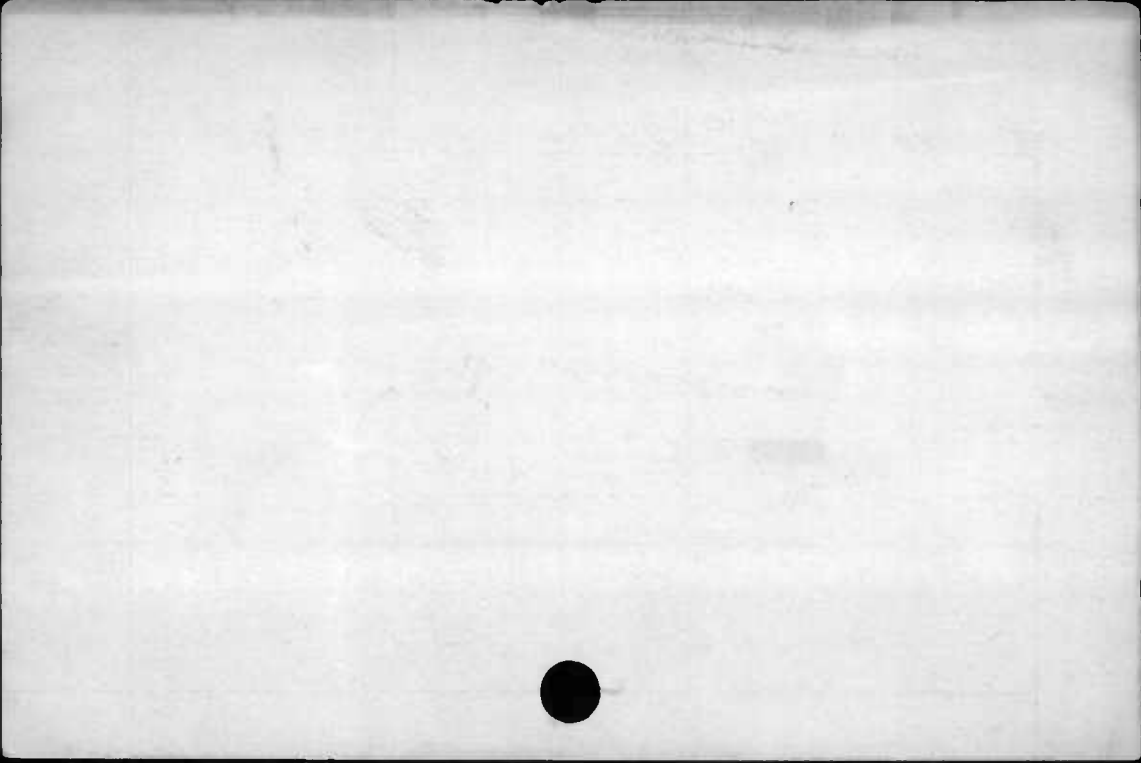
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Iron Sides</i>		<i>Jackson</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>Feb</i>	<i>1</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>		Occupation	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William Jackson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annelita Jordan</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Thomas West</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>None attendance</i>
		Address <i>James M. Wheeler</i>
		<i>Sub. Registrar</i>
Accident or Suicide?		



Name
in
Full

Magnus Jameson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Wicopa* ^{Town} *Charles* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *Feb* ^{Day} *14th* ^{Years} *6* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*J. Magnus Jameson*Father's
Birthplace*Md.*Mother's
Maiden Name*Matie Lloyd*Mother's
Birthplace*Md.*Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Abscess of brain & inflammation
of brain following measles*

How long

*Last illness
about 10 days*

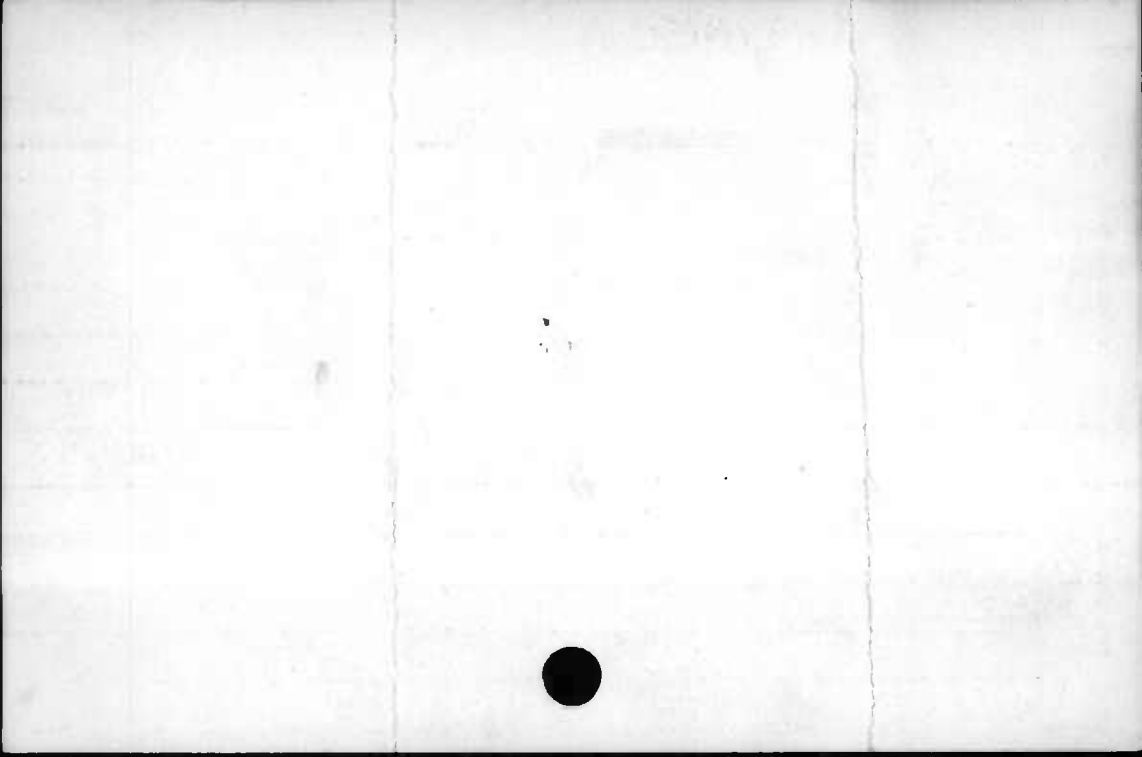
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*D. A. Speake M.D.
Grayton Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Waldorf</i>		Town <i>Waldorf</i>		County <i>Charles</i>			
Date of death <i>1905</i>		Month <i>July</i>		Day <i>22</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>85</i>		Months <i>—</i>	
Occupation <i>—</i>		Birth-place <i>Charles</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Lemuel McDaniels</i>		Father's Birthplace <i>Charles</i>		Mother's Birthplace <i>Charles</i>	
Father's Name <i>Benjamin Moore</i>		Mother's Maiden Name <i>Charles McDaniels</i>		How related to deceased <i>Son-in-law</i>			
Name of person giving information <i>Charles McDaniels</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age and debility</i>		How long <i>—</i>	
Immediate <i>Paralysis</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Brown</i>	
		Address <i>Waldorf</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

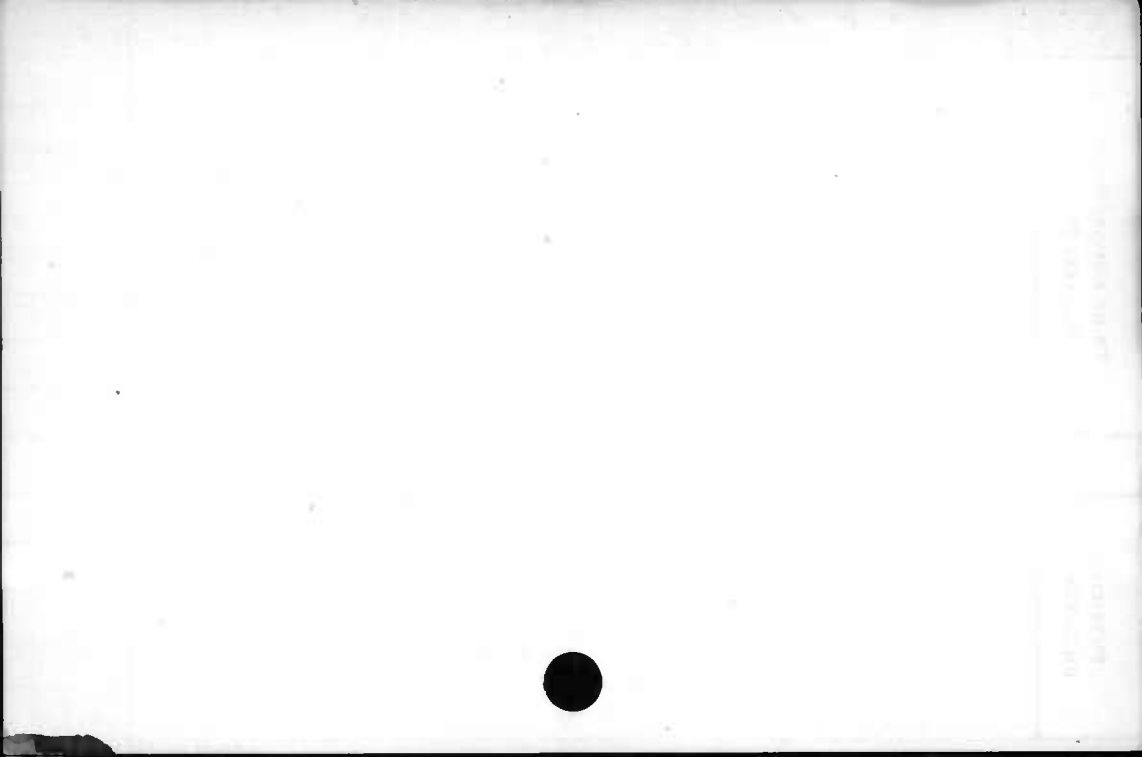
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bury</i> Town		<i>Chesapeake</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>9</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chesapeake</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Marshall</i>			Father's Birthplace <i>Chesapeake</i>		
Mother's Maiden Name <i>Ida Young</i>			Mother's Birthplace		
Name of person giving information <i>Walter Marshall</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholerae phthisis</i>	How long <i>Too Fast</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. O. Moore</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>—</i>	<i>Trid</i>



Name

in
Full

Susan Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newport</i> Town		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>2</i> Years	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chas Co Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Middleton</i>			Father's Birthplace <i>Chas Co Md</i>		
Mother's Maiden Name <i>Mary Phalen</i>			Mother's Birthplace <i>Chas Co Md</i>		
Name of person giving information <i>B. Henry Matthews</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bruise over Body</i>	How long <i>(16)</i>
Immediate <i>Shock</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Cecil M.D.</i>
<i>According to facts given</i>	Address <i>Pocomico Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

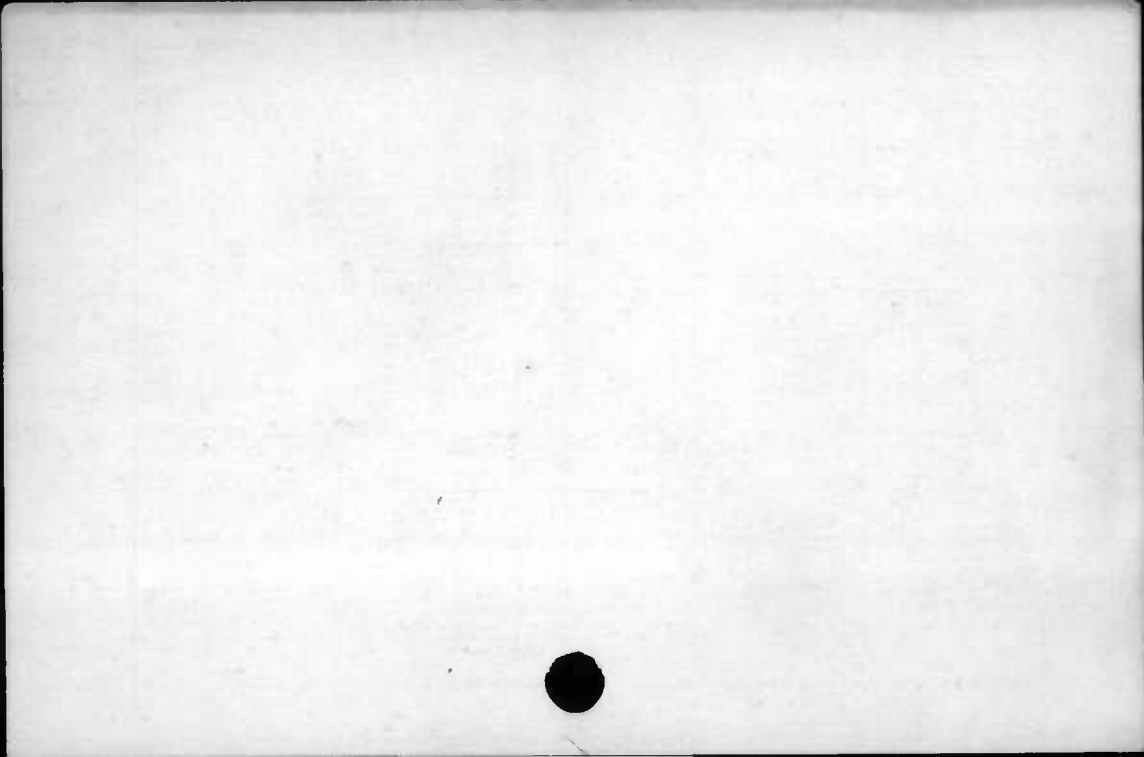
MARYLAND

Died at		Town		County			
Date of death	1906	Month	Feb	Day	8	Age	14
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		Birthplace	
Married, Single or Widowed		Single		Name of Wife or Husband		Charlotte M. M.	
Father's Name		James McIntosh		Father's Birthplace		Maryland	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronch	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		13 S. 1st St.	
		Address	
		Baltimore	
Accident or Suicide?			



Name in Full

Certificate of Death

Town

County

" MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

J. Smith

• of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

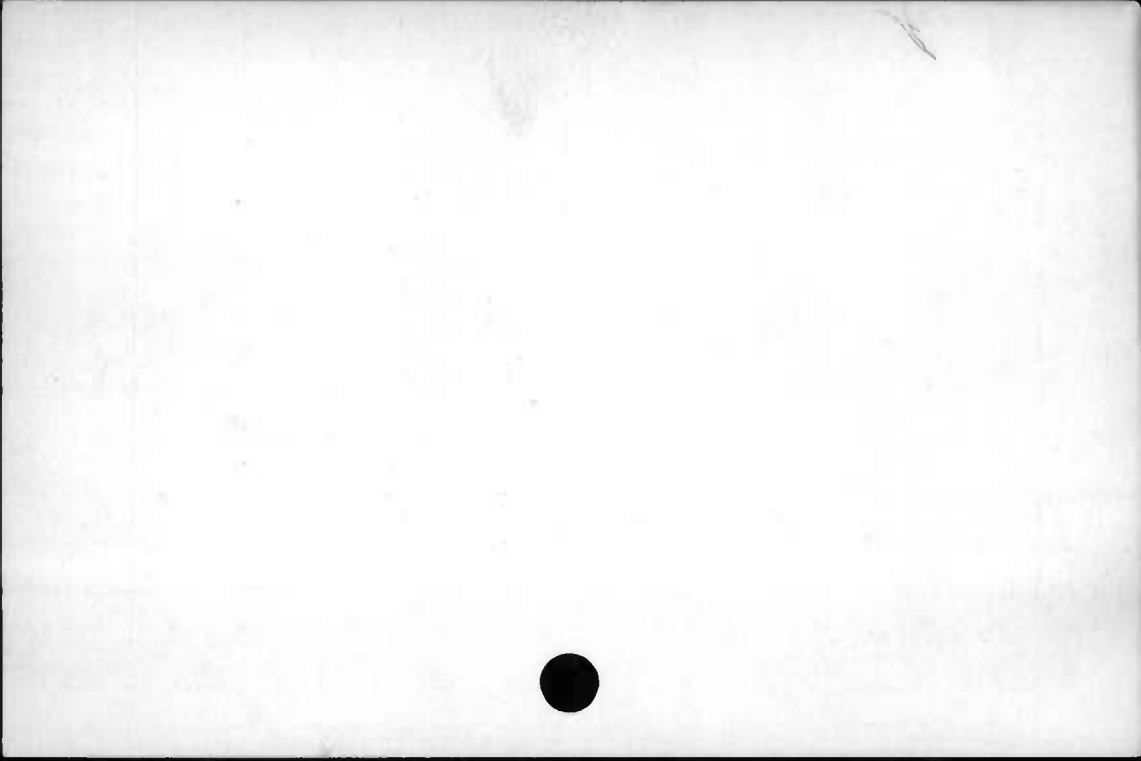
Died at <i>Bundick</i> ^{Town}		<i>Ches</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>2</i>	Day <i>12</i>	Age <i>2</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Parker</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Higgs</i>				Mother's Birthplace	
Name of person giving information <i>Wm Parker</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

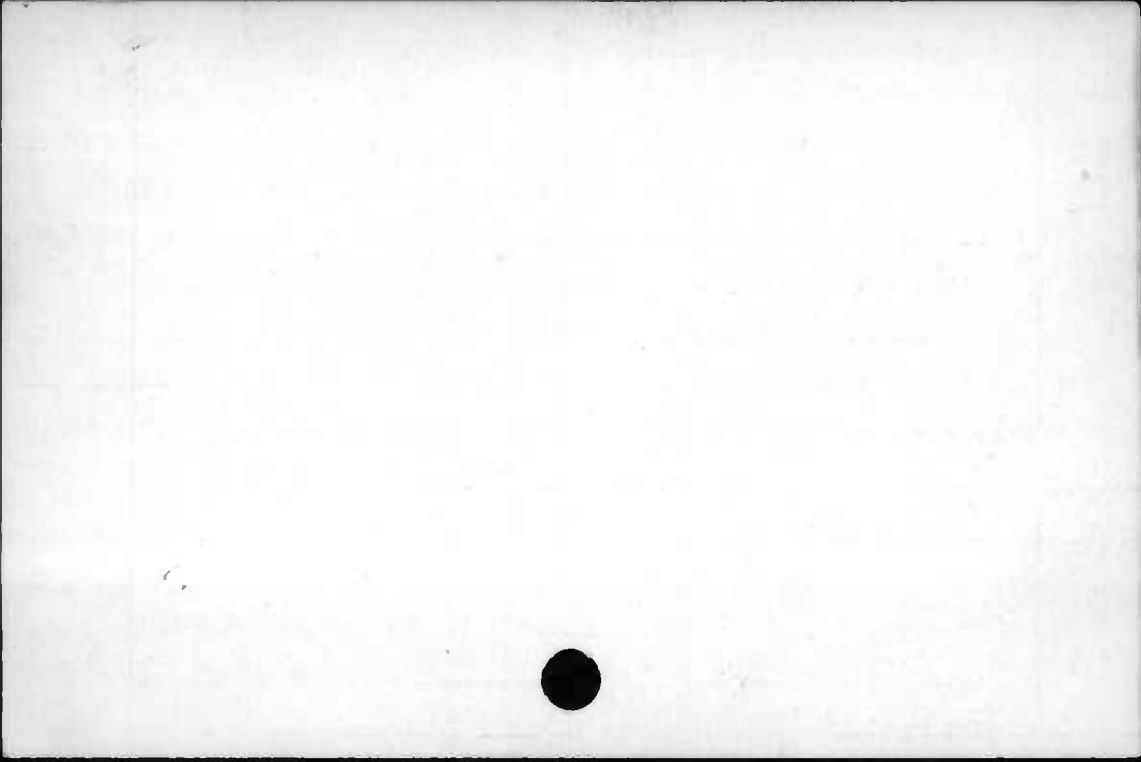
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PHYSICIAN
OR CORONER

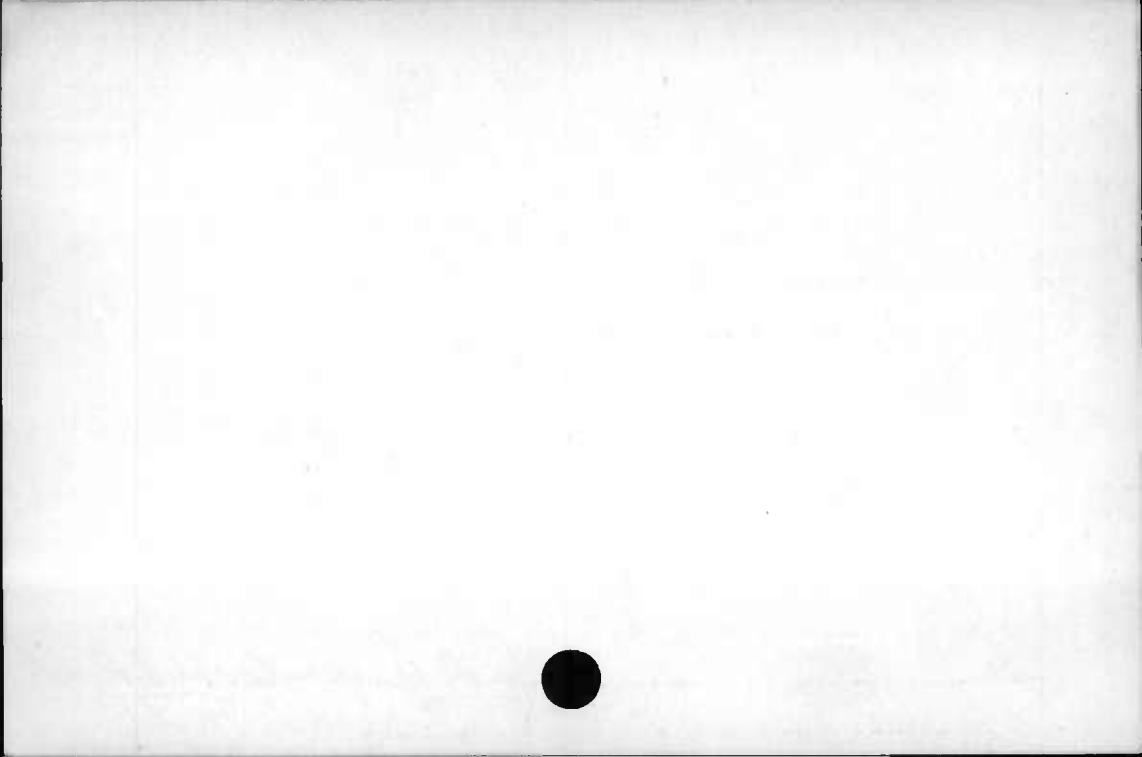
Primary <i>Whooping Cough</i>	How long <i>1 week</i>
Immediate <i>Secondary attack</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.C. Cheppin - Ind</i>
	Address <i>Hughesville Ind</i>
Accident or Suicide?	



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Grayton		Charles		MARYLAND	
	Date of death	1906	Month Feb	Day 28	Age	Years	Months Days
	Sex	Male		Color or Race White		Birthplace Ind	
	Occupation					Where Residing if not at place of death	
	Married, Single or Widowed					Name of Wife or Husband	
	Father's Name	George Sidler				Father's Birthplace Ind	
	Mother's Maiden Name	Sallie Johnson				Mother's Birthplace Ind	
Name of person giving information	John Percy				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Still Born				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
						Address	
	Accident or Suicide?					None attendance James M. Wheeler Sub-Registrar	



Name in Full		Hamm Marshall Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pomunkey Town		Ctlow County		MARYLAND	
	Date of death	1906	Month Feb.	Day 16	Age 33-	Years 6	Months Days
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Merchant & Farmer		Where Residing if not at place of death	at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Sallie V. Thomas		
	Father's Name	John Webb Thomas M.D.				Father's Birthplace	N.Y.
	Mother's Maiden Name	Mary P. Lancaster				Mother's Birthplace	Ind.
Name of person giving information	Arthur W. Thomas				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cirrhosis of Liver				How long	Two years
	Immediate	Convulsions and Coma				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. W. Mitchell M.D.
						Address	Pomunkey Ind.
	Accident or Suicide?	No					



Name
in
Full

Henry L Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Pizzah		^{County} Charles		MARYLAND	
Date of death	1906	^{Month} Feb	^{Day} 12	^{Age} 6	^{Years} 6
^{Sex} Male		^{Color or Race} C		^{Birth-place}	Chas. Co Md
^{Occupation} none		^{Where Residing if not at place of death}			
^{Married, Single or Widowed} Single		^{Name of Wife or Husband} none			
^{Father's Name} Joseph Travers		^{Father's Birthplace} Md.			
^{Mother's Maiden Name} Mary E Sweeden		^{Mother's Birthplace} "			
^{Name of person giving information} Joe Travers		^{How related to deceased} Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary of natural causes

How long

Immediate

How long

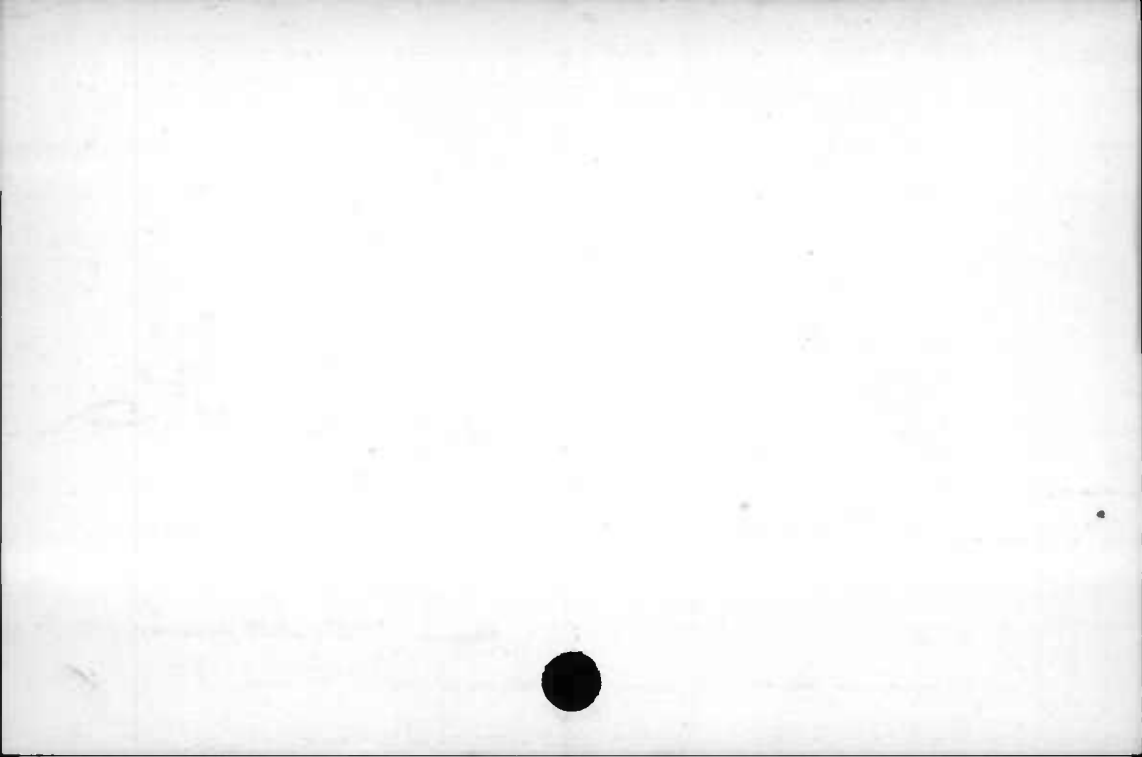
Are the name, age, sex, color, date and place correctly given above? they are

Signature of Physician

Address

None in attendance
G O Carpenter, Sub. Regstr
Pizzah Md.

Accident or Suicide?



Name
in
Full

Elsie Wheatley

CERTIFICATE OF DEATH

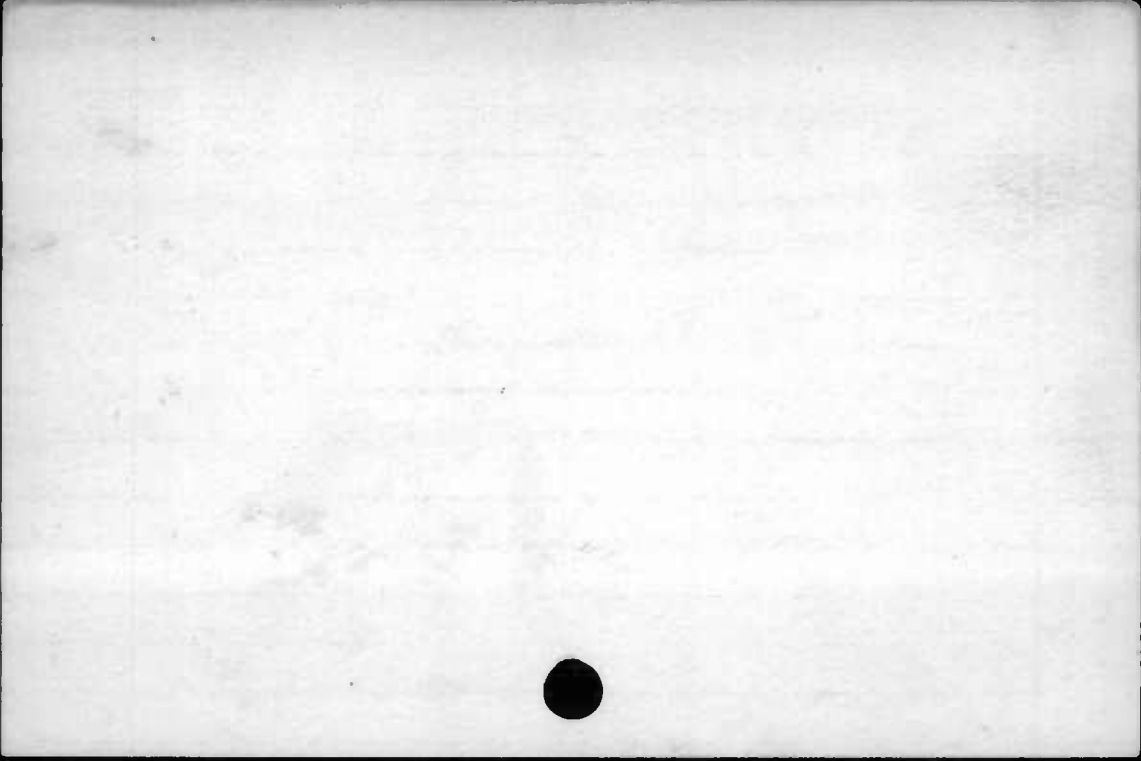
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dentonville		County Charless		MARYLAND	
Date of death 1906		Month July	Day 4	Age	Years —	Months 4	Days 4
Sex Female		Color or Race White		Birth- place Md			
Married, Single or Widowed —				Occupation			
Name of Wife or Husband —							
Father's Name J. B. Wheatley				Father's Birthplace Md			
Mother's Maiden Name Sarah C. Murphy				Mother's Birthplace Md			
Name of person giving in formation J. B. Wheatley				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho - Pneumonia	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. B. Garrison	
		Address Dentonville, Md.	
Accident or Suicide?			



Name
in
Full

Eliza Young gates

CERTIFICATE OF DEATH

Town

County

Died at

Home

Charles

MARYLAND

Date

of death 1904

Month

Feb.

Day

21st

Years

Age 41

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

Colored

Birth-
place

St Mary's co Md

Occupation

House-keeper & domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Henry Gates

Father's
Name

Westly Young.

Mother's
Maiden Name

Bely Cole.

Father's
Birthplace

Baltimore city

Mother's
Birthplace

not known

Name of person giving
Information

Henry Gates Duobane

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Acute Tuberculosis

How long

about 1 year

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

P. H. Hawkins M.D.

Address

La Plata Md

Accident or Suicide?

